Departmental inspection form – Laboratory

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| --- | --- | --- |
| Date: | Department: | Building & Room: |
| Contact Person/Supervisor:  | Ext: |
| Inspected By:  | Ext: |

**Record findings as: (√ ) Meets Requirements (X) Action Required (N/A) Not Applicable**

**Use item numbers to comment on reverse side of form for unsatisfactory items, document corrective actions.**

|  |  |
| --- | --- |
| Signs & Labels |  |
| 1. First Aid Emergency
 |  |
| 1. Fire/Evacuation
 |  |
| 1. Emergency Procedure
 |  |
| 1. Hazardous Materials Spills
 |  |
| 1. Phone 911 Label
 |  |
| 1. Lab Hazards poster, off hour contact to UW Police
 |  |
| 1. Hazardous Waste Disposal
 |  |
| 1. No Disposal of Chemicals into Sinks
 |  |
| First Aid Stations/Kits |  |
| 1. Stocked
 |  |
| 1. Accessible
 |  |
| 1. Regularly Inspected
 |  |
| 1. First Aiders
 |  |
| Fire Extinguishers |  |
| 1. Seal Unbroken
 |  |
| 1. Accessible
 |  |
| 1. Proper Type
 |  |
| 1. Regularly Inspected
 |  |
| General |  |
| 1. Phone Access
 |  |
| Floors and Aisles |  |
| 1. Clean
 |  |
| 1. Aisles Clear
 |  |
| 1. Good Condition
 |  |
| Doors and Exits |  |
| 1. Accessible
 |  |
| 1. Identified
 |  |
| Lighting |  |
| 1. Adequate
 |  |
| 1. Operating Properly
 |  |
| Emergency Shower/Eye Wash |  |
| 1. Accessible, Run Weekly
 |  |
| 1. Within 10 sec Travel Time
 |  |
| 1. Clearly Identified
 |  |
| 1. Good Condition
 |  |
| Personal Protection |  |
| 1. Footwear
 |  |
| 1. Eye Protection
 |  |
| 1. Gloves /Protective Clothing
 |  |
| 1. Hearing Protection
 |  |
| 1. Fall Protection
 |  |
| Safety Program Participation |  |
| 1. X-ray Equipment
 |  |
| 1. Lasers
 |  |
| 1. Radioactive Materials
 |  |
| 1. Bio-hazardous Materials
 |  |

|  |  |
| --- | --- |
| Natural gas shut off valves |  |
| 1. Accessible
 |  |
| 1. Identified
 |  |
| Electrical |  |
| 1. Wire Condition
 |  |
| 1. Proper Grounding
 |  |
| 1. Adequate Outlets
 |  |
| 1. Extension Cords temporary use only
 |  |
| 1. C.S.A. or equivalent certification
 |  |
| 1. Electrical Panels Accessible
 |  |
| 1. GFI’s used in wet areas
 |  |
| 1. Lockout/Tagout procedures
 |  |
| Equipment  |  |
| 1. Pre-use Inspection record
 |  |
| 1. Clean
 |  |
| 1. Properly Guarded
 |  |
| 1. Good Condition
 |  |
| Ventilation |  |
| 1. Temperature
 |  |
| 1. Dust Control
 |  |
| 1. Fume Control
 |  |
| 1. Equipment maintained
 |  |
| 1. Guarding adequate
 |  |
| Chemical Storage |  |
| 1. Identification
 |  |
| 1. Segregated by hazard class
 |  |
| 1. Flammable Liquids Stored properly & less than 5L container size
 |  |
| 1. SDS Available (current)
 |  |
| 1. WHMIS Labels
 |  |
| 1. Dated Peroxides
 |  |
| 1. Suitable & Labelled Refrigerator
 |  |
| Hazardous Waste |  |
| 1. Proper Segregation
 |  |
| 1. Procedure
 |  |
| 1. Regular Disposal
 |  |
| 1. Proper Storage, Containment
 |  |
| Spill Kits |  |
| 1. Appropriate
 |  |
| 1. Stocked
 |  |
| Compressed Gas Cylinders |  |
| 1. Secured
 |  |
| 1. Properly Marked
 |  |

|  |  |
| --- | --- |
| 1. Properly Stored, Maximum Quantity Not Exceeded, Segregated
 |  |
| 1. Proper Regulators
 |  |
| 1. Cylinder Carts Used
 |  |
| Regular Waste Containers |  |
| 1. Adequate Type
 |  |
| 1. Labelled Broken Glass Container
 |  |
| Laboratory Benches |  |
| 1. Clean
 |  |
| 1. Good Condition
 |  |
| 1. Adequate Space
 |  |
| Fume Hood |  |
| 1. Adequate Number
 |  |
| 1. Adequate Type
 |  |
| 1. Clean
 |  |
| 1. Good Condition
 |  |
| 1. Face Velocity Tested
 |  |
| 1. Flow Alarm
 |  |
| Pressure & Vacuum Vessels |  |
| 1. Safety Valves
 |  |
| 1. Vent Lines
 |  |
| 1. Inspection Certificate
 |  |
| 1. Shielding
 |  |
| 1. Tubing/Clamps
 |  |
| Centrifuges |  |
| 1. Clean
 |  |
| 1. Inspect Rotors
 |  |
| Refrigerators |  |
| 1. Type
 |  |
| 1. Labels
 |  |
| Local Exhaust Ventilation |  |
| 1. Check filter (if applicable)
 |  |
| 1. Inspect connections
 |  |
| Training |  |
| 1. WHMIS Training (valid for 5 years)
 |  |
| 1. Compressed Gas
 |  |
| 1. Equipment Specific
 |  |
| 100. Ladder, Lifting Devices |  |
| 101. Laboratory Training |  |
| Other Training (specify) |  |
| Other Items or Equipment |  |
|  |  |
|  |  |

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|  |  |  |
| --- | --- | --- |
| Date: | Department: | Building & Room: |
| Contact Person/Supervisor:  | Ext: |
| Inspected By:  | Ext: |

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| --- | --- | --- | --- | --- |
| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
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 **\*High** – Response required within 24 hours - Immediately dangerous to life and health

 **Medium** – Response required within 14 days - Potential to cause injury but not immediately dangerous

 **Low** – Response required within 14 days – May result in minor or no injury, but should be corrected

 **Monitor –** Revisit within 90 days – Compliant, but circumstances may change or deteriorate